ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

**RESPONSE TO GOVERNMENTAL NOTICE OF MOTION
OR ORDER TO SHOW CAUSE**

HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	CASE NUMBER:

1. ☐ **PARENTAGE**
   I ☐ do ☐ do not admit that I am the parent of all of the children.
   ☐ I admit that I am the parent of all of the children except *(specify):*

2. ☐ **CHILD SUPPORT**
   a. ☐ I consent to the order requested.
   b. ☐ I request the following child support order:

3. ☐ **HEALTH INSURANCE COVERAGE**
   a. ☐ I consent to the order requested.
   b. ☐ I request the following health insurance coverage order:

4. ☐ **FEES AND COSTS**
   I ☐ do ☐ do not consent to the order requested.

5. ☐ **PROPERTY RESTRAINT**
   I ☐ do ☐ do not consent to the order requested.

6. ☐ **OTHER**
   I ☐ do ☐ do not consent to the other orders requested in item 6.

7. ☐ **FACTS IN SUPPORT** of this response are:
   ☐ contained in an attached Declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

▶

_____
(TYPE OR PRINT NAME)

_____
(SIGNATURE OF DECLARANT)

Page 1 of 2

**RESPONSE TO GOVERNMENTAL NOTICE OF MOTION
OR ORDER TO SHOW CAUSE**
(Governmental)

Family Code, § 213
Code of Civil Proc., § 1005
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:

PROOF OF SERVICE BY MAIL

1. I am at least 18 years of age, not a party to this cause, and a resident of or employed in the county where the mailing took place.

2. My residence or business address is *(specify):*

3. I served a copy of this response by enclosing it in a sealed envelope with postage fully prepaid and depositing it in the United States mail as follows:
   (1) Date of deposit: (2) Place of deposit *(city and state):*
   (3) Addressed as follows:

4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

▶

_____   _____
      (TYPE OR PRINT NAME)   (SIGNATURE OF DECLARANT)

FL-685 [Rev. January 1, 2003]

**RESPONSE TO GOVERNMENTAL NOTICE OF MOTION
 OR ORDER TO SHOW CAUSE
 (Governmental)**